

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. \_\_\_\_\_

FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5	1					
6	1					
7	1					
8	1					
9	3					
10	1					
11	1					
12	1					
13	1					
14	1					
15	1					
16	2					
17	2					
18	2					
19	1					
20	1					
21	2					
22	1					
23	1					
24	1					
25	3					
26	1					
27	1					
28	1					
29	1					
30	1					
31	1					
32	1					
33	1					
34	1					
35	4					
36	1					
37	1					
38	2					
39	2					
40	2					
41	1					
42	1					
43	1					
44	1					
45	1					
46	1					
47	1					
48	1					
49	1					
50	1					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52	1					
53	2					
54	1					
55	1					
56	1					
57	3					
58	1					
59	1					
60	1					
61	1					
62	1					
63	1					
64	1					
65	1					
66						
67						
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	7					
TOTAL DEP.	75					
TOTAL CLAIMS	82					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY